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600 Hidden Ridge Drive  
Irving, Texas 75038  
MailCode HQE03H14  
Phone: 972/718-4800  
Fax: 972/718-3946  
E mail:  
christian.andersen@verizon.com

Intellectual Property Law Group

Verizon Corporate Services Group Inc

To: U.S. Patent and Trademark Office – From: Christian R. Andersen  
MAIL STOP: RCE Specialist – Intellectual Property  
Examiner: G. GAUTHIER  
Group Art Unit: 2614  
Confirmation No.: 2067

Fax: 571-273-8300 Pages  
with 3  
Cover:

FORMAL SUBMISSION OF:

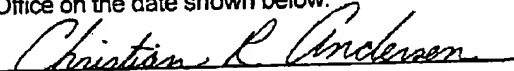
1) Fee Transmittal; and

2) Request for Continued  
Examination (RCE)  
Transmittal.

Title: UNIFIED MESSAGING SYSTEM  
Serial No. 10/801,106  
Filing Date: March 15, 2004  
First Named Inventor: Albert L. SCHMIDT, JR.  
Atty. No. 99-818 CON 1 RCE 1  
Customer Number: 32127

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the above-referenced documents are facsimile transmitted to the Patent and Trademark Office on the date shown below.

  
Christian R. Andersen

Date of Transmission: May 12, 2006

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VERIZON IP

**MAY 12 2006** USPATENT-AMEND

003

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0551-0032  
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|   |  |  |                        |
|---|--|--|------------------------|
| <p>Effective on 12/08/2004.<br/>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p align="center"><b>FEE TRANSMITTAL</b><br/><b>For FY 2005</b></p> |  | <p align="center"><b>Complete if Known</b></p> |                        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number                             | 10/801,108-Conf. #2067 |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 790.00  |  | Filing Date                                    | March 15, 2004         |
|   |  | First Named Inventor                           | Albert L. Schmidt, Jr. |
|   |  | Examiner Name                                  | G. Gauthier            |
|   |  | Art Unit                                       | 2614                   |
|   |  | Attorney Docket No.                            | 99-818CON1             |

**METHOD OF PAYMENT** (check all that apply)

☐ Check   
 ☐ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   
 Deposit Account Number: 07-2347   
 Deposit Account Name: Verizon Corporate Services Group Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   
 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Small Entity Fee (\$) | Fee (\$) |
|--|-----------------------|----------|
| Each claim over 20 (including Reissues)            | 50                    | 25       |
| Each independent claim over 3 (including Reissues) | 200                   | 100      |
| Multiple dependent claims                          | 360                   | 180      |

Total Claims    Extra Claims    Fee (\$)    Fee Paid (\$)    Multiple Dependent Claims    Fee (\$)    Fee Paid (\$)

Indep. Claims    Extra Claims    Fee (\$)    Fee Paid (\$)

**3. APPLICATION SIZE FEE**

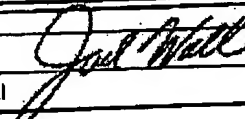
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| _____        | _____        | _____  | _____    | _____         |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

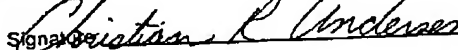
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...) 790.00

|                     |   |                  |        |           |                |
|---------------------|---|------------------|--------|-----------|----------------|
| <b>SUBMITTED BY</b> |   | Registration No. | 25,648 | Telephone | (972) 718-4800 |
| Signature           |  | (Attorney/Agent) |        | Date      | May 12, 2006   |
| Name (Print/Type)   | Joel Wall   |                  |        |           |                |

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being transmitted by facsimile to the United States Patent Office at 571-273-8300.

Dated: May 12, 2006

 (Christian R. Andersen)

MAY 12 2006

PTO/SB/30 (04-05)

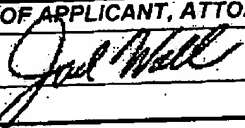
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|   |                        |                        |
|---|------------------------|------------------------|
| <b>Request<br/>For<br/>Continued Examination (RCE)<br/>Transmittal</b><br><br>Address to:<br>MS RCE<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 | Application Number     | 10/801,106-Conf. #2067 |
|   | Filing Date            | March 15, 2004         |
|   | First Named Inventor   | Albert L. Schmidt, Jr. |
|   | Art Unit               | 2614                   |
|   | Examiner Name          | G. Gauthier            |
|   | Attorney Docket Number | 99-818CON1             |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.  
 Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

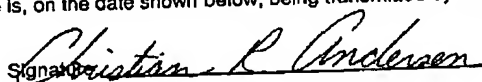
1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
- a. ☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
- ii. ☐ Other \_\_\_\_\_
- b. ☐ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other \_\_\_\_\_
2. **Miscellaneous**
- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(l) required)
- b. ☐ Other \_\_\_\_\_
3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
- a. ☒ The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 07-2347. I have enclosed a duplicate copy of this sheet.
- i. ☒ RCE fee required under 37 CFR 1.17(e)
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other \_\_\_\_\_
- b. ☐ Check in the amount of \$ \_\_\_\_\_ enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED |   |                  |              |
|---|---|------------------|--------------|
| Signature   |  | Date             | May 12, 2006 |
| Name (Print/Type)                                   | Joel Wall   | Registration No. | 25,648       |

## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Dated: May 12, 2006

 (Christian R. Andersen)

05/15/2006 HGUTERR1 00000074 072347 10801106

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